

CALFRESH REQUEST FOR POLICY INTERPRETATION**PI# 18-18**

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Retain a copy for your records and submit via email to CalFresh-PI@dss.ca.gov.

Please note: the policy interpretation provided is based on the unique set of facts presented and should not be assumed to apply in all scenarios.

1. RESPONSE NEEDED DUE TO: <input type="checkbox"/> Policy/Regulation Interpretation <input checked="" type="checkbox"/> QC <input type="checkbox"/> Other:		5. DATE OF REQUEST: 02/12/2018	NEED RESPONSE BY:
2. REQUESTOR NAME:		6. COUNTY/ORGANIZATION: CONTRA COSTA - EHSD	
3. PHONE NO.: EMAIL:		7. SUBJECT: NSTR Narrative	
4. REGULATION CITE(S):		8. REFERENCES: <i>(Include ACL/ACIN, court cases, etc. in references)</i> NOTE: All requests must have a regulation cite(s) and/or a reference(s). FOB-FSU Transmittal # 09-11; FNS 310 - section 321.1	
9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY): When the sample is dropped for NSTR, Do all elements need to be completed?			

10. REQUESTOR'S PROPOSED ANSWER:

No - when dropped for NSTV due to an incorrect month selected (FOB-FSU transmittal # 09-11), or non-participation (section 321.1 of FNS 310). However, it needs to be documented very clearly as why it's dropped for NSTR.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

According to the FNS 310, Chapter 3, Section 330, when a case is found not subject to review, QC is required to document reason for which the case was found NSTR and provide supportive documents. QC must document findings related to timeliness of application and/or recertification and must provide verification to support findings.

The following items must be completed in RADEP:

Name of at least one adult HH member, 010-F001 (disposition), 010-F013 (timeliness of application), 010-F018 (timeliness of recertification). In order to pass edits, RADEP may require the following items to be completed: 010-S009 (initial application date), 010-F005 (effective date of most recent certification), 010-F006 (type of certification) & 010-F007 (length of certification).

FOR CDSS USE

DATE RECEIVED:

DATE RESPONDED TO COUNTY/ALJ: